

PARENT NOTICE AND CONSENT

INITIAL EVALUATION

REEVALUATION

Name: _____ Birthdate: _____ Grade: _____

School: _____ Sex: M ___ F ___ Date Sent: _____

Dear Parent/Guardian

Your child has been referred to determine if an educational condition exists which may qualify your child for special services. The school proposes to conduct a multidisciplinary evaluation. The multidisciplinary team is composed of the parents and specialists skilled in diagnosing student's education needs who will conduct the evaluation. The initial evaluation process will take approximately 20 school days upon receipt of this completed form. After that, the results will be discussed with you during a multidisciplinary team meeting. The district proposes to evaluate your child because:

Any options the district considered prior to recommending evaluation: _____

This proposal is based on: _____

Reason's why the options were rejected: _____

Other factors, if any, which are relevant to the district's proposal are: _____

EVALUATION AREAS: Areas indicated may be assessed in the current evaluation.

ACADEMIC-This area identifies student's strengths and weaknesses in subject areas including pre-academic skills, math, reading, and written language.

INTELLECTUAL-This area provides an indication of the child's potential functioning in an educational environment.

COMMUNICATION-This area identifies the child's ability to communicate within his/her environment. Areas of evaluation might include articulation, receptive and/or expressive language, fluency, voice, and hearing.

ADAPTIVE/SOCIAL/EMOTIONAL-This area indicates how the child adjusts to and interacts with the educational environment.

OCCUPATIONAL/FINE MOTOR SKILLS-This area assesses muscle strength, perceptual development, fine motor skills and motor development levels.

PHYSICAL/GROSS MOTOR SKILLS-This area assesses muscle strength, neurological involvement, balance and coordination and posture and gait.

OTHER-Additional areas might include vision, functional vision, hearing, general health, vocational and other factors which could influence education functioning:

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PARENT NOTICE AND CONSENT

As the parent or guardian, I request a conference prior to granting permission for an evaluation or reevaluation.

Please call me at: _____

CONSENT FOR EVALUATION OR REEVALUATION

I have received a copy of this Notice and Consent for Evaluation or Reevaluation and understand the content of this Notice and **give consent** for the multidisciplinary evaluation specified in this Notice. I understand that this is voluntary, and may be revoked at any time.

Signature of Parent/Guardian

Date

DENIAL OF CONSENT FOR EVALUATION OR REEVALUATION

I have received a copy of this Notice and Consent for Evaluation or Reevaluation and understand the content of this Notice and **do not give consent** for the multidisciplinary evaluation specified in this Notice. The reason for not giving consent to the evaluation is:

Signature of Parent/Guardian

Date

PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS

Both state and federal laws concerning the education of children with disabilities include many parental rights. Receiving notices of action the school wants to take in guard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. A copy of your rights is provided with this Notice. You should carefully read them and, if you have any questions regarding your rights, you may contact:

_____ at _____

ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws of educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices
Lincoln Office 402-471-2471
Omaha Office 402-595-2177
Nebraska Advocacy Services: 800-422-6091 or 402-474-3183

*** Provide a copy of Parental Rights.**